TOWN OF WESTWOOD

COMMONWEALTH OF MASSACHUSETTS

HUMAN RESOURCES DEPARTMENT

Mary Beth Bernard Human Resources Director (781) 320-1028



Barbara Moore Benefits Coordinator (781) 320-1025

FAX (781) 320-1067

APPLICATION FOR EMPLOYMENT

The Town of Westwood considers applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

(PLEASE PRINT NEATLY IN INK)

Position(s) applied for_				·	Date
How did you learn of the	nis position?				
☐ Friend or Relative	☐ Newspaper	☐ Website	☐ Other_		
Date you are available	to start				
PERSONAL INFORM	MATION:				
Last Name		First Name		Middle Name	
Address Number	Street	City		State	Zip Code
Home Number	Cell l	Number		Social Security	y Number (voluntary)
	()			
Are you 18 years or old					
Are you legally authori	zed to work in the	United States?			Yes No
Federal Law requires submi					
Birth Certificate, etc.) Failu	ire to submit such proof	f will result in inelig	ibility for emp	loyment with th	e Town of Westwood.

	oyed?		□ No
May we contact your cu	urrent employer?	res	☐ No
	ployed by the Town of Westwood?	Yes	□ No
• •	or relatives, other than spouse, work here?		□ No
Criminal Record			
record" with respect to any applicant for employment with respect to any inquiry for employment may answ appearances and adjudicat complaint transferred to the Have you ever been con	nent with a sealed record on file with the Commissioner of Probation may be inquiry herein relative to prior arrests, criminal court appearances or committee with a sealed record on file with the Commissioner of Probation may answer that the prior arrests or criminal court appearances. In addition, wer "no record" with respect to any inquiry herein relative to prior arrests, the sine all cases of delinquency or as a child in need of services which did not superior court for criminal prosecution.	nviction wer "no , any ap court I not res	ns. An orecord" oplicant sult in a
Note: You may omit fir affray or disturbance of ago, unless you have be	st convictions of drunkenness, simple assault, speeding, minor traffif the peace, or any other misdemeanor conviction occurring more the en convicted of any other offense within the last five years. I place or court, and charge:	ic viola	
SPECIAL SKILL:			
Specialized Training			
Special Equipment			
Professional Licenses			
Professional Memberships			
Computer Software			
Other			

EDUCATION:

SCHOOL	NAME AND ADDRESS OF SCHOOL	COURSE OF STUDY	NO. OF YEARS COMPLETED	DIPLOMA / DEGREE
HIGH SCHOOL				
UNDERGRAD. COLLEGE				
GRADUATE / PROFESSIONAL				
OTHER (SPECIFY)				

EMPLOYMENT HISTORY:

Start with your present or last job held and provide the following information. You may include any verified work performed on a voluntary basis.

*If self employed, provide firm name and but	siness reference. Attach additional sl	neets if necessary.	
1. Employer's Name:			
Employer's Address:			
Job Title:	From:	To:	
Work Performed:			
Reason for Leaving:			
2. Employer's Name:			
Employer's Address:			
Job Title:			
Work Performed:			
Reason for Leaving:			
3. Employer's Name:			
Employer's Address:			
Job Title:	From:	To:	
Work Performed:			
Reason for Leaving:			

REFERENCES:

Please provide professional and/or business references only.

Name	Phone Number	Best Time to Call	Occupation
1.			
2.			
3.			

APPLICANT'S STATEMENT:

I CERTIFY that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my immediate dismissal if discovered at a later date.

I AUTHORIZE the investigation of any or all statements contained in this application and also authorize any person, school, current employer (except as previously noted), past employers and organizations to respond to inquiries from the Town of Westwood and hereby release them from any legal liabilities in making such responses. I understand that I may be asked to execute a separate authorization for release of information.

I UNDERSTAND that if I am extended an offer of employment it may be contingent upon my successfully passing a complete pre-employment medical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

I UNDERSTAND I may be required to successfully pass a drug screening examination. I hereby consent to a pre and/or post employment drug screen as a condition of employment, if required.

I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT, EXCEPT TO THE EXTENT THAT AN APPLICABLE COLLECTIVE BARGAINING AGREEMENT PROVIDES OTHERWISE, I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE.

Applicant's Signature:	
Date:	

*It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liabilities.